MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10354

CERTIFICATE OF DEATH

10354

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA X
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS LA PLATA X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY WESTMORELAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLONIAL BEACH 83X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) STANLEY (Middle) G. (Last) ADAMS

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan. 19, 1907
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POLOTICAL
10b. KIND OF BUSINESS OR INDUSTRY: Mgr. of Hotels
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G. Adams
14. MOTHER'S MAIDEN NAME: Cecil Barclow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 11 World War
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wm. P. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

570.2

Immediate cause (a) Peritonitis + septicemia — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

DUE TO

Antecedent cause(s) (b) Gangrenous Bowel + intestinal resection — 19 days

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Mesenteric thrombosis — 21 days.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-21-54
19b. MAJOR FINDINGS OF OPERATION: Mesenteric thrombosis with gangrenous bowel
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct 54, 1954, to 7 Nov, 1954 that I last saw the deceased alive on 6 Nov, 1954, and that death occurred at 7:31 A.m., from the causes and on the date stated above.

SIGNATURE Frederick M. Johnson M.D. (DEGREE OR TITLE) ADDRESS La Plata, Md. DATE SIGNED 7 Nov 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 9-54
NAME OF CEMETERY OR CREMATORY: Oak Grove
LOCATION (City, town, or county) (State): Oak Grove Va.

DATE REC'D BY LOCAL REG. 10/7/54
REGISTRAR'S SIGNATURE Julia H Posey
24. FUNERAL DIRECTOR Paul G. Slaw ADDRESS Colonial Beach, Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 9 1954
BUREAU V. S.

10355

MARYLAND STATE DEPARTMENT OF HEALTH

10355 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury X — LENGTH OF STAY (in this place) 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) (Last) Boykin

4. DATE OF DEATH (Month) (Day) (Year) November 27 1954

5. SEX Female — 6. COLOR OR RACE Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH Not Known — 9. AGE last birthday over 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Culpeper Va — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Not Known — 14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS Albert Mack Taylor (Marbury, Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.2

Immediate cause (a) Acute Myocarditis — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Alcoholism — 2 days

(c) #11 1st and 2nd degree burns left arm, leg, face — 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. result of fall against wood stove 11/26/54.

19a. DATE OF OPERATION 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank [illegible] (Degree or title) ADDRESS Indian Head Md — DATE SIGNED 11-27-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12-2-54 — NAME OF CEMETERY OR CREMATORY Pleasant Grove — LOCATION (City, town, or county) Marbury Md (State)

DATE REC'D BY LOCAL REG. 12/2/54 — REGISTRAR'S SIGNATURE Julia H. Pasey — 24. FUNERAL DIRECTOR Hunt & Ryan — ADDRESS Waldoy, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10357

10356 **CERTIFICATE OF DEATH** Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlotte Hall X — LENGTH OF STAY (in this place) 11 Mo.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlotte Hall X
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural X	STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Stauffer (Last) Brubacher — 4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: 6-24-1941 — 9. AGE last birthday: 13 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student — 10b. KIND OF BUSINESS OR INDUSTRY: School Child — 11. BIRTHPLACE (State or foreign country): Pennsylvania — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli G. Brubacher — 14. MOTHER'S MAIDEN NAME: Priscillare Stauffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: E.G.Brubacher ::::: Charlotte Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

445X

Immediate cause (a) Malignant hypertension — 1 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to Nov 27, 1954, that I last saw the deceased alive on Nov 26, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Luther, M.D. — ADDRESS Mechanicsville — DATE SIGNED 11/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/1/1954 — NAME OF CEMETERY OR CREMATORY Stauffer Cemetery Menonite — LOCATION (City, town, or county) Loveville, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1954 — REGISTRAR'S SIGNATURE R.J. Bean M.D. Local Registrar — 24. FUNERAL DIRECTOR P. B. Robinson::::Leonardtown, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1954
BUREAU V. S.

10357

MARYLAND STATE DEPARTMENT OF HEALTH

10358

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Blondella (Last) Campbell
4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 54

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) D
8. DATE OF BIRTH 4-21-54
9. AGE last birthday 77 yrs. If under 1 year Months 6 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George B Campbell
14. MOTHER'S MAIDEN NAME Mary Ruby Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS George B. Campbell, New Port, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Hedelen (Degree or title) ADDRESS La Plata Md. DATE SIGNED 11-1-54

23. BURIAL, CREMATION OR MOVAL (Specify) Burial
DATE THEREOF 11/3/54
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) Newport, Md. (State)
DATE REC'D BY LOCAL REG. 11/2/54
REGISTRAR'S SIGNATURE Julia H Vasey
24. FUNERAL DIRECTOR Hunt H & Ryan, Waldorf, Md. ADDRESS

9V44 99V 99V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
NOV 5 1954
BUREAU V. S.

1-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10359

10358

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Cobey

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 1, 1954

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-1-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Cobey

14. MOTHER'S MAIDEN NAME: Alean Jiles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eugene Cobey, Grayton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776X

Immediate cause (a) Premature (5 mo) DUE TO

Antecedent cause(s) (b) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Indian Head, Md DATE SIGNED 11/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/4/54

NAME OF CEMETERY OR CREMATORY Oak Grove

LOCATION (City, town, or county) (State) Grayton, Md

DATE REC'D BY LOCAL REG. 11/4/54

REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Eugene Cobey ADDRESS Grayton, Md

20X436V250

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10361

CERTIFICATE OF DEATH

10359

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location) Port Tobacco Road

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Ida (Last) Gwynn

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 9 1888

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Bryantown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mason Burch

14. MOTHER'S MAIDEN NAME: Elizabeth Ida Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-32-0570

17. INFORMANT & ADDRESS: T. Bernard Gwynn, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Arteriosclerotic Heart Disease	3 mos.
	DUE TO (c) Hypertensive Cardiovascular Disease	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 19..., to Nov. 13, 1954, that I last saw the deceased alive on Nov. 13, 19 54, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Warren Harbor M.D. ADDRESS La Plata Md. DATE SIGNED 11-13-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Nov. 16, 1954 — NAME OF CEMETERY OR CREMATORY St. Mary's — LOCATION (City, town, or county) Bryantown (State) Md.

DATE REC'D BY LOCAL REG. 11/17/54 — REGISTRAR'S SIGNATURE Julia A Veney

24. FUNERAL DIRECTOR Hunt & Dyson — ADDRESS Waldorf Md.

NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1036

10360 # CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Indian Head X
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Cornwallis Court

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head X
STREET ADDRESS (If rural, give location) 10 Cornwallis Court

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Louise (Last) Hardy

4. DATE OF DEATH: (Month) (Day) (Year) November 2 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH June 22 1921

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Bel Alton, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Irwin

14. MOTHER'S MAIDEN NAME: Aileen Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-32-2549

17. INFORMANT & ADDRESS: Edwin Hardy - 10 Cornwallis Ct, Indian Head Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastatic Carcinoma Right Breast — Interval Between Onset and Death: 6 months.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: May 20. 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Right Breast with Axillary Metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1954, to Nov 2, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frank G. Dusan M.D. ADDRESS Indian Head Md DATE SIGNED 11-2-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Nov 5 1954

NAME OF CEMETERY OR CREMATORY St. Ignatius

LOCATION (City, town, or county) (State) Bel Alton Md

DATE REC'D BY LOCAL REG. 11/2/54

REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hunt & Eyon ADDRESS Waldorf Md.

10361 10363

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles Waldorf Md MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ARTHUR LOUIS HURD
4. DATE OF DEATH (Month) (Day) (Year) 11 14 1954

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH June 20 1918
9. AGE last birthday 36 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Hilltop Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Hurd
14. MOTHER'S MAIDEN NAME Helen Hurd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) #2
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Carrie Hurd (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) COMPOUND FRACTURE OF SKULL — 11-14-54

Antecedent cause (3) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MOTORCYCLE DRIVER

(c) HEAD ON COLLISION C CAR — 11-14-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. INTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 11 14 54 6:30 pm. INJURY OCCURRED While at work ☐ Not while at work ☑ 1
HOW DID INJURY OCCUR? MOTORCYCLE - CAR - COLLISION

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ✓, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE C. J. Redden (Degree or title) Md. ADDRESS Lulfield Md DATE SIGNED 11-14-54

MODE OF CREMATION (Specify) Burial DATE THEREOF 11/18/1954 NAME OF CEMETERY OR CREMATORY Zion Baptist Cemetery LOCATION (City, town, or county) Hilltop Maryland (State)

DATE RECD BY LOCAL REG. 11-16-54 REGISTRAR'S SIGNATURE M L Mourot 24. FUNERAL DIRECTOR Johnson & Jenkins ADDRESS 1702-124 St. Md

MARGIN RESERVED FOR BINDING

FASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

10362 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10364

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Dinwiddie
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 262 Bollingbrook St
STREET ADDRESS (If rural, give location) Petersburg Va

3. NAME OF DECEASED (Type or Print) (First) CAIN (Middle) (Last) JACOBS
4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 54

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-19-04
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Armstrong Jacobs
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 18-14-3486
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HEMORRHAGE	11-8-54
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bullet wound in	
	(c) CENTER BACK TO RT CHEST	11-8-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sothgrove (CITY OR TOWN) Newburgh (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 11 (Day) 8 (Year) 54 (Hour) 11 A.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Shot By Va State Police while running from arrest of murder HAVEN

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide, homicide, undetermined.

SIGNATURE S. Edelen (Degree or title) MD
ADDRESS La Plata Md
DATE SIGNED 11-8-54

MANNER OF DISPOSITION Burial
DATE THEREOF 11-11-1954
NAME OF CEMETERY OR CREMATORY Richsquare
LOCATION (City, town, or county) North Carolina (State)

DATE REC'D BY LOCAL REG. 11/8/54
REGISTRAR'S SIGNATURE Julia H Casey
24. FUNERAL DIRECTOR Hunt & Ryon
ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10363

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10365

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thaddeus (Middle) Jerome (Last) MUDD

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed — 8. DATE OF BIRTH: May 5 1887 — 9. AGE last birthday: 67 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thaddeus Mudd — 14. MOTHER'S MAIDEN NAME: Sophie V. Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — If yes, give war or dates of service: World War I — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Lester Howard, Waldorf, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Conflagration — Interval between onset and death: 11-3-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) House destroyed by fire — 11-3-54

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Waldorf — (COUNTY): Charles — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: C. Edelen — (Degree or Title): M.D. — ADDRESS: LaPlata Md — DATE SIGNED: 11-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 4, 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 11-6-54 — REGISTRAR'S SIGNATURE: M. L. Norris — 24. FUNERAL DIRECTOR — ADDRESS: Hewitt & Dyson, Waldorf, Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

10364 **CERTIFICATE OF DEATH** 10366

FOR MEDICAL EXAMINERS

Item 3: File G174 12/7/54 L

Reg. Dist. No. 106

1. PLACE OF DEATH COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pomonkey
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural, give location): 903 M St N.W.

3. NAME OF DECEASED (Type or Print): (First) ~~ANNA BELLE~~ (Middle) Belle Piles (Last) ~~WRIGHT~~

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 54

5. SEX: F.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separate
8. DATE OF BIRTH: Nov. 7, 1920
9. AGE last birthday: 34 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Seg.
11. BIRTHPLACE (State or foreign country): Edgefield S. C.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Wesley A. Settles
14. MOTHER'S MAIDEN NAME: Lizzie Brownson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Wesley A. Settles 45 R. St. N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of both tibias (compound) — "

(c) " of several ribs - multiple abrasions — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) Mason Springs, (COUNTY) Charles, (STATE) Md.
TIME OF INJURY (Month) NOV (Day) 21 (Year) 1954 (Hour) 9:00 a.m.
INJURY OF CURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? auto accident - was struck by a car while walking

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.

SIGNATURE: Frederick M. Johnson (Degree or title) M.D. ADDRESS: La Plata, Md. DATE SIGNED: 21 Nov 54

REMOVAL ~~Burial~~ DATE THEREOF: 11-22-54 NAME OF CEMETERY OR CREMATORY: Removal to LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG: 11-22-54 REGISTRAR'S SIGNATURE: ~~M. R. Mounds~~ Mrs. Odey Price

24. FUNERAL DIRECTOR: Hunt & Ryan ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age ... specially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10367

10365 CERTIFICATE OF DEATH Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HUGHESVILLE
LENGTH OF STAY (in this place) 12 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE #231

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLHND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HUGHESVILLE
STREET ADDRESS (If rural, give location) ROUTE # 231

3. NAME OF DECEASED: (Type or Print) (First) MUNSEY (Middle) EDWIN (Last) ROBINSON

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 30 1954

5. SEX: MALE

6. COLOR OR RACE: W - U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUGUST 27, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): CALVERT CO.; MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CORNELIUS O. ROBINSON

14. MOTHER'S MAIDEN NAME: ELLEN DALRYMPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MRS. MUNSEY ROBINSON HUGHESVILLE, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) ARTERIO-SCLEROTIC HEART DISEASE — Interval between onset and death: 1 HOUR

DUE TO (ACUTE FAILURE OF MYOCARDIUM)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) GENERALIZED ARTERIO-SCLEROSIS — 12 YEARS

DUE TO

(c) HYPERTENSION, ESSENTIAL — 5 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JANUARY, 1948., to NOVEMBER 1954., that I last saw the deceased alive on NOVEMBER 27 1954., and that death occurred at 10 30 p.m., from the causes and on the date stated above.

SIGNATURE John N. Griffin (DEGREE OR TITLE) M. D. ADDRESS HUGHESVILLE, MARYLAND DATE SIGNED 12/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 12/3/54 NAME OF CEMETERY OR CREMATORY Old Fields LOCATION (City, town, or county) (State) Hughesville Md

DATE REC'D BY LOCAL REG. 12/2/54 REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Hoath & Byron ADDRESS Waldorf, Md.

RECEIVED
DEC 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10368

10366

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN La Plata — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine 16 K-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Shelbie (Middle) Jean (Last) Willis.

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1954

5. SEX: female

6. COLOR OR RACE: US-W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 21 Nov '54

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 0, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Darwin Willis

14. MOTHER'S MAIDEN NAME: Mary Katherine Scarbraugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: James D. Willis, Brandywine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

762.5
Immediate cause (a) Respiratory Collapse. — Interval Between Onset and Death: 12 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Prematurity — (LMP 24 May 54.) wt 2#1½ — 3 days.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT — SUICIDE — HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Nov., 1954, to 24 Nov., 1954, that I last saw the deceased alive on 24 Nov., 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE J. Woody. — (DEGREE OR TITLE) MD — ADDRESS La Plata. Md. — DATE SIGNED 24 Nov 54.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11-26-1954 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. 11/26/54 — REGISTRAR'S SIGNATURE Julia H. Parey

24. FUNERAL DIRECTOR Hunt & Ryon — ADDRESS Waldorf Md

20X4284250

RECEIVED
NOV 30 1954
BUREAU V. S.